| Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information uniters 8 displays a valid CAUS control number. | | | | | | | | | | | |
|---|--|---|--------------|---|--------------------|---|--------------------|------------------------|--|--------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | Application or Docket Number 09/390634 | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | small e | ENTITY | OR | | R THAN ENTITY |
| | FOR | MUMS | NUMBER FILED | | MUMBER EXTRA | | RATE | FEE | | RATE | FEE |
| BASICI (3) OF | EE 1.16(a)) | | | | | | | | CR | | , |
| DZ OFR | CLAIMS 1 1.15(cl) | | minus 20 a | | | | xs - | | | ** : | |
| MOEPE | NOENT CLAS | 48 | minus 3 | | | | | | CR | | |
| | | NT CLASM PRESE | <u> </u> | | | | **• | | OR OR | × 5 | |
| "If the difference in column 1 is less than zero, enter 'V' in column 2. | | | | | | | | | | | |
| _ 1 | / 9 | AIMS AS AM | ENDED | - PART II | TOTAL | | J OR | TOTAL | | | |
| ΔL | 18/0S | (Coturen 1) | | (Column 2) | (Column 3) | | SMALL E | NTITY | OR | | R THAN ENTITY |
| ENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | AZOI- TONAL FEE | | RATE | ADDI- TIONAL FEE |
| N C | Total FOR LVE(2) | 107 | Minus | <u>'</u> /Ø | • | | x sX | | OR | x 5 | |
| AMEN | dependent FCFR L1890) | 11 | Minus | ··· /8 | 3 | | x 9 | | OR | x s• | |
| ARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) | | | | | | | +s= | • | OR | +5 | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| 5- | 2-06 | (Column 1) | | (Column 2) | | | | , | | | |
| 8 | | CLAIMS | | HIGHEST | (Column 3) PRESENT | Н | | | | | |
| ¥_ | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| ~ . | Total CFR 1.14(12) | 100 | Minus | -105 | • | | × 5 | | OR | x s= | |
| AMEN | dependent FCFR 1,140/b | 17 | Minus | 18 | | | X 5e | | OR | x s= | |
| ₹ _{FI} | PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (67 CFR 1.18(d)) | | | | | | +5= | | OR | +s - | |
| 0.2 | | | | | | | TOTAL ADO'L FEE | | OR | TOTAL ADD'L FEE | |
| 03.26.07 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| MENT C | Sus | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | AZDI- TONAL FEE | | RATE | ADDI- TIONAL FEE |
| N N | Total | .82 | Minus | 107 | • | | x s | | OR | x : | |
| W P | Sependent OFR 1.18(16) | 13 | Minus | -18 | * | | x 5 _ = | | OR | x 8 | |
| AM # | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (SIZ CFR 1.15(N)) | | | | | | /·s | | OR | /· | • |
| 1,16,210,232,249,251,253,255 | | | | | | | YOTAL ADO'L PEE | | OR | TOTAL ADO'L FEE | |
| If the entry in oclumn 1 is less than the entry in oclumn 2, write "O" in column 3. If the "righest Number Previously Peter For" IN THIS SPACE is less than 20, enter "20". If the "righest Number Previously Peter For" IN THIS SPACE is less than 3, onter "3". The "righest Number Previously Peter For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |
| This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Peter and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COURT ETED EXPORAT TO THIS | | | | | | | | | | | |

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Abezandria, VA 22313-1450.

263, 274 If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2
274, 278, 280